

**POWER OF ATTORNEY
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 INDICATION FORM**

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	David Aughton
Title	Loss Detection For Open Channel Networks
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	50055-14

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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58773

OR

☐ Practitioner(s) named below

Name	Registration Number

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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/01)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

David Aughton

Telephone

Firm and Company

Inventor

NOTE: Signatures of all the inventors or assignees or owners of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 1 form is submitted.

This reduction of Paperwork is required by P.L. 106-113 and 115. The information is required to obtain or retain a benefit for the claims which it is to be used by the PTO/USPTO in processing an application. Information is governed by 38 U.S.C. 322 and 37 CFR 1.11 and 1.14. The submission is voluntary to have a certificate of compliance, including generating, preparing, and submitting the completed application form to the PTO/USPTO. There will vary depending upon the individual case. Any and all marks on the document of time you submit to register has been added. Information on the filing this request, please the name to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1200, Alexandria, VA 22304-1200. For 1077 SEND 1155. ON COMPLETED FORMS: 15 THIS ADDRESS IS: SEND 1155, Commissioner for Patents, P.O. Box 5456, Alexandria, VA 22304-1856.

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